Accreditation 2001
LTC & Seniors Branch - Corrective Action Report

The following report provides a summary of the status of the corrective action that is planned and/or has been taken by staff to address the recommendations made to the facility by the Board of the Canadian Council on Health Services Accreditation (CCHSA) subsequent to the 2001 Survey of the Newmarket Health Centre, Maple Health Centre and the LTC Day Programs.

Surveyors make recommendations when they believe there is an opportunity for the organization to enhance compliance with a criterion in a standard.

When making a recommendation, surveyors are also required to assess the urgency of the action required or the level of priority the organization must ascribe to the recommendation. This determination is made by assessing the likelihood of an adverse event occurring, the potential for serious consequences and finally, the degree of urgency of action required.

ENVIRONMENT

Recommendation:

1. **It is recommended that the organization develop a process to ensure that all staff are fully educated in universal precautions.**
   This is a medium priority recommendation directly related to standard 4.0; Infections are prevented and controlled. The surveyors found that all staff were not fully aware of the components of universal precautions. "All staff do not have a clear understanding of what universal precautions mean. Staff are not fully aware of when to wear gloves."

   Corrective Action:

   Additional education regarding infection control has been provided to staff. In-servicing specifically around Universal Precautions is provided to staff at orientation and on an annual basis thereafter. All Branch policies and procedures were updated as per the Ministry's 'Routine Practice' directive in 2003.

   The LTC & Seniors Branch in partnership with the Region's Corporate Health & Safety Branch and Public Health Branch have provided additional education to staff through various mediums including: in-services, posters throughout the facility and information flyers attached to pay stubs. All employees have been mask fit tested and will participate in mask fit testing every two years effective January 2004.

SERVICE DELIVERY

Recommendation:

2. It is recommended that all disciplines, including the Personal Support Worker (PSW) document on the same progress notes.

This is a medium priority recommendation directly related to standard 14.0; Services are delivered according to the service plan, with care and respect, in a safe and efficient way and to ensure continuity.

This recommendation is specifically related to criteria 14.2; the appropriate team members deliver and document services. The surveyors indicate there is evidence of integrated documentation on the resident record. The organization is commended on including PSW charting in the resident record; however, it is not in the same section as other disciplines.

Corrective Action:

Upon review of this recommendation, senior Branch management concluded that the inherent risks associated with unregulated health care staff documenting in the interdisciplinary progress notes of the client's health care record outweighed the potential benefits of further integrating unregulated health record charting with regulated health record charting.

Health care records are legal documents that include a client's medical and clinical history, diagnostic test results, specialist and consultation reports, psychiatric assessments and progress notes. They also contain psycho/social histories and a wide variety of other information that is personal and sensitive in nature. Regulated health care staff receives extensive training and education regarding charting and documentation of health care information. Health Care Aides (HCA) and Personal Supported Workers (PSW) are unregulated health care workers. Their education and certification programs do not include formal training on health care record documentation. Allowing an untrained/unregulated health care worker to document in the integrated progress notes creates a potential legal risk and liability for the Corporation.

To address the underlying concern identified by the Surveyors and to ensure all pertinent information is included in the integrated progress notes, the Registered Nurse (RN) or Registered Practical Nurse (RPN) are required to review HCA/PSW notes at the beginning of each shift and input a summary of all pertinent information that that is not already in the client's record. The RN/RPN will indicate that this information was provided by the HCA/PSW on the previous shift. This practice ensures the client's file is current and reflects information from all health care providers.

The Branch will continue to develop the skills of this group of workers through documentation in-services and training. As a means of developing practical skills and experience HCA/PSW will be required to continue documentation and charting in a separate area. As a consequence of this ongoing training it may be possible at some point in future to revisit this option.

Other Suggestions and Opportunities for Improvement:

Suggestions are made by CCHSA to an organization to help it further improve the quality of care and services that it provides. The opportunities for improvement identified in the narrative of the Accreditation Report by the surveyors provides suggestions and comments on good practices that the organization may want to consider. Receiving a suggestion does not mean that an organization has not met a standard or criterion in a standard.

The following report provides a summary of the status of the corrective action that is planned and/or has been taken by staff in response to suggestions made to the LTC Branch by the Board of the Canadian Council on Health Services Accreditation (CCHSA) subsequent to the 2001 Accreditation Survey.

Leadership & Partnership Team:

Suggestions and Opportunity for Improvement	Action	Status
The Surveyors had no suggestions or opportunities for improvement for this team. "The team is exceptional and provides very strong leadership".	None required	N/A

Service Delivery Team:

Opportunity for Improvement	Action	Status
The team could meet with family members prior to admission to do the paperwork and help reduce stress on the admission day.	Admission protocols have been revised to provide families with the option to complete paperwork prior to admission.	Implemented
Although all disciplines are involved in the admission process, the process does not appear to be formalized. To ensure all aspects of the admission process are completed, the team should formalize the process and develop a checklist that becomes part of the client record.	An admission checklist has been developed and implemented to further formalize the admission process.	Completed

Environmental Team – Maple Health Centre

Opportunity for Improvement	Action	Status
Increase the use of Corporate education for 'generic' health & safety education.	The following Corporate resources are now being utilized for staff training and education with regard to health and safety: 1. Corporate Health & Safety is now utilized to educate staff on WHMIS during core programming and responds to any additional requests for information/education as required. A Corporate Health & Safety Consultant Audits and reviews. compliance with regulations and Acts 2. Public Health (PH) Branch provides education to staff regarding infection control on a regular basis. In addition, suppliers also provide education to staff on various health and safety related topics (WHMIS, infection control)	On-going
Broaden team membership to include representation from every department at the Maple Health Centre (MHC), including the day programs as well as a resident.	The MHC Environmental Team has been expanded and is now comprised of members from the following departments: Dietary Housekeeping Maintenance Nursing Day Centre Programs & Services Resident family member	Implemented

Environmental Team – Newmarket Health Centre

Suggestions and Opportunities for Improvement	Action	Status
One recommendation re universal precautions; no other suggestions or opportunities for improvement noted.	See recommendation #1 for Branch action related to recommendation, no further follow-up required.	Implemented

Human Resource/Information Management Team:

Suggestions and Opportunities for Improvement	Action	Status
Follow through and develop indicators related to tracking and analyzing vacancies and staff turnover rate.	The Region's Human Resources Department provides information to the Branch in all staffing related areas. Information is provided at the Branch's request.	Implemented
Ensure exit interview information is shared with appropriate personnel.	The Region's Corporate Human Resources (HR) Department conducts exit interviews with non-union management staff. All other employees are sent Exit surveys and asked to fill them out and return them either electronically or in a self addressed stamped envelope. Human Resources uses the interview results to plan for future improvements in the organization.	On-going/as required
Develop a plan to deal with the lack of professional staff in the job market, especially Registered Nurses and Registered Practical Nurses.	The Region developed a Human Services Strategy through stakeholder and community involvement. The purpose of this strategy is to share resources and combine efforts to achieve a sustainable, long term, integrated planning framework for human services in York Region. Partners in this initiative include the Regional Municipality of York, Human Resources Development Canada, and the York Region Human Services Planning Coalition. A seconded staff member from the LTC and Seniors Branch co-ordinated this Regional initiative. LTC display panels and brochures have been developed and created to assist in recruiting and for use at job fairs. Management and front-line staff have been utilized to attend job fairs to promote employment within the Branch. The Centres partner with Colleges for RN and RPN practicum's to encourage professional staff recruitment and knowledge of LTC career opportunities. As well the Branch has provided financial support to unregulated HCA's to upgrade to RPN positions and has contracted with their College to allow them to complete their practicum's in our facilities.	On-going

Human Resource/Information Management Team – continued:

Suggestions and Opportunities for Improvement	Action	Status
Identify strategies to help decrease dependence on staffing agencies.	The Region developed a Human Services Strategy through stakeholder and community involvement. The purpose of this strategy is to share resources and combine efforts to achieve a sustainable, long term, integrated planning framework for human services in York Region. Partners in this initiative include the Regional Municipality of York, Human Resources Development Canada, and the York Region Human Services Planning Coalition. In addition, a number of part-time positions have been modified to increase hours and encourage retention and recruitment.	On-going
Expand the role of indicators to measure the effect of education and training.	Evaluations are completed after every education session provided to staff (in all departments), improvements identified are implemented. The Branch initiated a very successful Basic Computer Training Course based on feedback received from staff. We have conducted post training analysis of LTC staff computer utilization rates and have found that there has been a dramatic increase as a result of the training provided.	On-going
Develop a formal complaint process for staff.	The LTC Branch has a formal complaint process for staff. The Policy is posted in staff areas throughout the Branch. To enhance staff knowledge of process it has been reviewed at staff meetings and posted on staff bulletin boards.	Implemented
Continue to be aware of needs - Information Technology (IT) department.	The LTC Business Manager and Continuous Quality Improvement (CQI) Co-ordinator meet monthly with the LTC Business Support Analyst and IT Project manager to identify and plan for future needs.	Monthly meetings
Involve staff in determining information requirements.	All departments that utilize information technology have representatives that communicate department IT needs to the Business Manager/CQI Co-ordinator for discussion at monthly LTC/IT meetings or Training Development meetings.	On-going

Human Resource/Information Management Team – continued:

Education and reference material must also be available to families	Information boards are located at both Facilities that families can access. All family members also have access to the Facility library. Program brochures and reference materials are also made available at the Welcome Centre at each facility. Social workers are available to educate and support families in all areas of the Branch's programs. Families can also meet with the social workers on an individual basis. Monthly support groups are held for families at both facilities. These sessions often contain an educational component. Monthly organizational updates are sent to families. This newsletter contains information concerning all aspects of the Branch's operations including information about staffing levels, funding, operational procedures and quality improvement activities. A Seniors Directory which provides extensive educational and reference materials is published annually by the Branch, in partnership with the Seniors Advisory Committee and other stakeholders. This reference directory is delivered to every household in York Region. Information regarding the Branch's programs and services are also made available on the Region's website. The website also provides links to other health related programs and services. Alzheimer's Resource Centres are available for family use at the Maple Health Centre and Keswick Day Centre.	Implemented

LTC Day Program Team:

Suggestions and Opportunity for Improvement	Action	Status
Develop generic indicators that could apply to all areas of the day program.	Generic indicators have been developed for all areas of the day program.	Implemented
Make improvements based on data analysis and introduce benchmarking to assist in evaluating services.	Annual surveys are sent out to clients/families for feedback and suggestions. Exit surveys are sent to families upon discharge. Eighty-five (85) percent in the 'excellent' and 'good' category has been established as the Branch's minimum acceptable standard for client satisfaction in all program areas.	Implemented
Develop policies & procedures regarding co-ordinated press releases.	Items of common interest are discussed at monthly CQI meetings and information is disseminated by the respective co-ordinator for each program to ensure a consistent message is received by families and community members. Corporate and departmental procedures are developed regarding press releases.	Implemented